File with:

lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073





FOR INSTRUCTIONS, SEE BACK OF FORM IA ETHICS AND DISCLOSURE BURNERS BURNERS

A '	f Organization) 2004 DEC -	- R M	18 02	
Dickinson Count	y Democrate,			
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candid	Nor: 44		<b>)R-2</b> v. 07/2007)	DISCLOSURE REPORT
(4 )County Central Committee (5 )County Candidate (6 )City Subdivision Candidate (8 )County PAC (9 )City PAC (10 )Sc	Candidate (7)School Board or Other Political		040	
Subdivision Candidate (8)County PAC (9)City PAC (10)So   11)Local Ballot Issue	chool Board or Other Political Subdivision PAC (		Office Use Or	
CANDIDATE COMMITTEES ONLY:				*
Candidate Name	Political Party (if applicable)			
	, , ,			
Office Sought	District (if Senate or House)			
Late reports are subject to possible civil and criminal penaltic  M. J. J. Lant  SIGNATURE OF PERSON FILING REPORT	es. Pursuant to Iowa Code sections 68B.32A(7) 8	,	•	ndidate, for a
MONATORE OF PERSON FILING REPORT	TELEPHONE		DATES	IGNED
(report date)  CHECK IF AMENDMENT TO REPORT DATED  Check if this is final (termination) report and attach No (You must continue to file reports until a DR-3 is	Otice of Dissolution Form DR-3.	nty & Loc	ttees, enter Da	, enter County in
STATEMENT OF CASH ON H	IAND			
•				
CASH ON HAND at the haginning of the reporting period	(Total of all funds held by the			
	a	\$	660	65.89
	s the cash on hand at the end is is first report filed.)	\$		
committee. This amount MUST be the same as of the last reporting period or must be zero if thi ADD TOTAL MONEY TAKEN IN THIS PERIOR	s the cash on hand at the end is is first report filed.) D			65.89 11.88
committee. This amount MUST be the same as of the last reporting period or must be zero if thi ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach S	s the cash on hand at the end is is first report filed.)  D  Schedule A) (*also see in-kind below)	••••		
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Sick	inson Co	unty Democrats	ı		AMENDING FO	CRM
STATE CANDID	ATES NOTE: IF A CONTE	RIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAIL	N COMMITTEE), I LABLE FROM THE	IST THE	PAC IDENTIFICATION	ON NGN
NOTE: ANY PE	RSON, OTHER THAN AM	N INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 T EDIATELY CONTACT THE BOARD.				
CAUTION: Secommercial pur	ction 68B.32A(6), prohib pose by any person oth	oits the use of information copied from reports and staten er than statutory political committees.	nents for solicit	ing contr	ibutions or for ar	η
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIO TO CAND (if applic	DATE*	AMOUNT RECEIVED	V IF FO FUND- RAISER
05/31/08	ID# CK#	Bank Milwest Sprint Lake. In 51360			\$07	INCOM
06/16/08	ID#	Unterest on checking account	t)		75,00	<i>y</i>
6/30/68	ID#	Sont Medwest Spirit Lake, Ja 5/360 Interest on checking acc				
w,	ID#	Interest on checking according to	cont		.03	<u>-</u>
6/26/08	CK#	Bank Miswest Spirit Lake, Ja 51360 (Interest on saving account	nt)		16.78	
	CK#					·
	CK#					
	CK#					
	ID# CK#	;				
	ID# CK#					
	ID#				·	
	CK#		SUB-TOTAL	-		
Disclosure law req	uires candidate committees	TOTAL (if last page s to disclose the relationship of any relative making a contribution		iule)	91.88	
marriage). If surna	iship must be shown to the	mind degree or consanguinity (blood relatives) and affinity (relations as candidate, but there is no	ives by	Page _	of of	

Jud 11, 20 11

CHECK THIS BOX IF AMENDING FORM

MONETARY

RECEIPTS

SCHEDULE

(Rev. 07/03)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

July 19, 2008 report

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE
CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE
PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA
ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF NDING FORM

COMMITTE	E NAME (Must be	same as on Statement of Organ	nization)		<u> </u>	
		10 - B	orrat			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO V EXPENDITURE (Disbursement) WAS MAI	VНОМ	PURPO (DESCRIBE TR.	OSE ANSACTION)	AMOUNT EXPENDED
06/26/08	ID# CK#	Jan Grant 36/2 Fairfiel Okoloji , Id 51.	e St.	Rental JE. State Park	liner Bedell Relter for	\$ 86.78
	ID#	Olestoje, 2d 51.	355	8/24/08		
	CK#					
	ID#					
	CK#					
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ı	CK#					
					SUB-TOTAL	\$ 86.18
		<u>.</u>	•	TOTAL (if last page o	f this schedule)	\$ 86.78

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	/	of		/
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